

**Summary of Interviews with Complex Service Needs Workgroup Members to  
Develop a Problem Statement  
10/5/17**

Interviewers: Julie Maas (MHDS), Michele Tilotta or Deanna Triplett (IDPH), and Brooklyn DeVan (Iowa Healthcare Collaborative)

Purpose: The Complex Service Needs Workgroup is tasked with making recommendations to the Governor and General Assembly regarding services and supports for individuals with complex mental health, disability, and substance use disorder needs. In order to identify solutions to a problem, a problem must first be identified. The purpose of the interviews is to help identify the problem which led to the need for a work group and to help guide the work group towards solutions.

- A cross section of the workgroup was interviewed and the following stakeholder groups were represented:
  - Community Mental Health Center/Substance Use Disorder Treatment Provider
  - Hospital
  - Judicial system (in the process of being scheduled)
  - Law enforcement agencies
  - Mental Health and Disability Services regions
  - National Alliance on Mental Illness
- The following questions were asked of each interviewee:
  - What are the most common reasons individuals with complex needs present to your organization/system?
  - What obstacles do individuals with complex needs most frequently encounter when trying to access services?
  - What challenges have you experienced when identifying what services are available to individuals with complex needs?
  - Where are the gaps or missing pieces when you are trying to connect individuals with complex needs to appropriate care?
- Common themes:
  - Individuals present when they are struggling to get help for themselves or their family members are struggling and they don't know where to start or have been told no by other entities
  - Individuals enter the system through multiple entry points who all have varying levels of knowledge and understanding about services – i.e judicial system, hospitals, law enforcement, or regions

- The general public doesn't understand mental illness and will call the police regarding their behavior or refuse to provide housing because they are uncomfortable with the person's behavior
- Obstacles that prevent individuals from accessing services are lack of transportation, unstable housing, fear of rejection, services aren't available, lack of knowledge on what services are available and how to access them, lack of availability of services during a crisis
- Hospital beds are difficult to find across the state due to lack of services with the bed and people taking up beds after they are ready for discharge due to lack of community providers able to work with them
- There should be one 24 crisis line for the entire state
- Managed care makes it more difficult for individuals to access services especially for Intensive outpatient or residential SUD because the prior authorization process is challenging and discourages engagement from the individual because they are authorized for a few days at a time and the process is different for each MCO
- Iowa has missing services along the continuum of services – crisis respite, subacute, decrease in 24 hour SCL
- There is a lack of co-occurring services and lack of communication between mental health providers and substance use disorder treatment providers
- Care coordination responsibilities are unclear between IHH, hospitals, and managed care organizations which decreases the effectiveness of care coordination
- Re-entry from prison continues to be a problem due to lack of available housing, transportation, employment, and services